

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
)
COUNTY OF LINCOLN) ss.

Doris Donnell, being first duly sworn, deposes and says that affiant is over the age of eighteen (18) years and competent to be a witness as to the matters hereinafter stated.

That affiant is Doris Donnell, the person named as Doris Donnell, one of the grantees in that certain deed recorded August 30, 1994, as Document No. 102344 in book 110, of Official Records, in the office of the County Recorder of Lincoln County, State of Nevada.

That Bettie May Healy was one of the grantees named in said deed and was the identical person named as Bettie May Healy, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

Doris Donnell
AFFIANT

STATE OF NEVADA)
)
COUNTY OF LINCOLN) ss.

On this 23rd day of June, 1998, personally appeared before me, a Notary Public in and for said County of Lincoln, State of Nevada, Doris Donnell, known to me to be the persons described in and who executed the foregoing instrument, who acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.



Trista Fogliani
NOTARY PUBLIC

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

003796

87 006421

LOCAL FILE NUMBER 003796		STATE FILE NUMBER 87 006421	
1. DECEASED—NAME Betty May HEALY		2. DATE OF DEATH (Month, Day, Year) October 6, 1987	
3. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3a. Clark	
3b. HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number) University Medical Center of Southern Nevada		3c. INSIDE CITY LIMITS (Specify Yes or No) Yes	
3d. If Hosp. or Inst. indicate D.O.A. or/Enter Plm. Injuries (Specify) Inpatient			
4a. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		4b. ETHNIC	
4c. AGE—LAST BIRTHDAY (Years, Mos., Days) 58		4d. UNDER 1 YEAR UNDER 1 DAY HOURS : MINS	
5. STATE OF BIRTH (If not U.S.A., name country) Alabama		6. DATE OF BIRTH (Mo., Day, Yr.) May 20, 1929	
7. SEX Female			
8. SOCIAL SECURITY NUMBER		9. U.S.A.	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) (Specify Yes or No) Harry Healy	
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No			
13. RESIDENCE—STAFF		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) Housekeeper	
14b. KIND OF BUSINESS OR INDUSTRY Private Homes			
15a. Nevada		15b. Clark	
15c. Las Vegas		15d. 4220 E. Sunrise	
15e. No			
16. FATHER—NAME (First, Middle, Last) William Milligan		17. MOTHER—MAIDEN NAME (First, Middle, Last) Mary Ida Brown	
18. INFORMANT—NAME (Type or Print) Sandra Johnson - Daughter		19. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 4220 E. Sunrise Las Vegas Nevada 89110	
20a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		20b. CEMETERY OR CREMATORY—NAME Palm Crematory	
20c. LOCATION Las Vegas Nevada		20d. NAME AND ADDRESS OF FACILITY Western Pacific Cremation Society 501 South Rancho Dr. Las Vegas Nv.	
21a. To the best of the knowledge, ability occurred at the same, date, place and due to the (cause) stated. Signature and Title: Scott J. MacDonald M.D. DATE SIGNED (Mo., Day, Yr.) Oct 9, 1987		21b. HOUR OF DEATH 11:32 A.M.	
21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) DR. STEPHEN SAVRAN, M.D.		21d. NAME AND ADDRESS OF CERTIFIER PHYSICIAN, MEDICAL EXAMINER OR CONDOR (Type or Print) DR. Scott J. MacDonald, M.D., 2300 W. CHARLESTON BLVD, LAS VEGAS, NV	
22a. On the basis of examination and/or investigation, in any opinion death occurred at the time, date and place and due to the (cause) stated. Signature and Title: Sean Brisk, D.O. DATE SIGNED (Mo., Day, Yr.) OCT 9 1987		22b. HOUR OF DEATH 22c. PROMOUNCED DEAD (Mo., Day, Yr.) 22d. ON 22e. AT	
23. REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) OCT 9 1987		24. DEATH DUE TO COMMUNICABLE DISEASE 24a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR IN, IN, AND IN) REFRACTORY VENTRICULAR Fibrillation DUE TO, OR AS A CONSEQUENCE OF RESPIRATORY Insufficiency DUE TO, OR AS A CONSEQUENCE OF CONGESTIVE HEART FAILURE		Interval between onset and death 45 minutes Interval between onset and death 1 month Interval between onset and death 1 month	
26. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		27. AUTOPSY (Specify) (WAS CASE REFERRED TO CORONER) (Specify Yes or No) 27a. No 27b. No	
28. ACC. SUICIDE, HON. UNDET. OR PENDING INVEST (Specify) 28a. No		28b. DATE OF INJURY (Mo., Day, Yr.) 28c. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURRED	
29. INJURY AT WORK (Specify Yes or No) 29a. No		29b. PLACE OF INJURY—(At home, farm, open factory, office, building and, etc.) 29c. LOCATION 29d. STREET OR R.F.D. No. 29e. CITY OR TOWN 29f. STATE	



VITAL RECORDS

N#71174 %

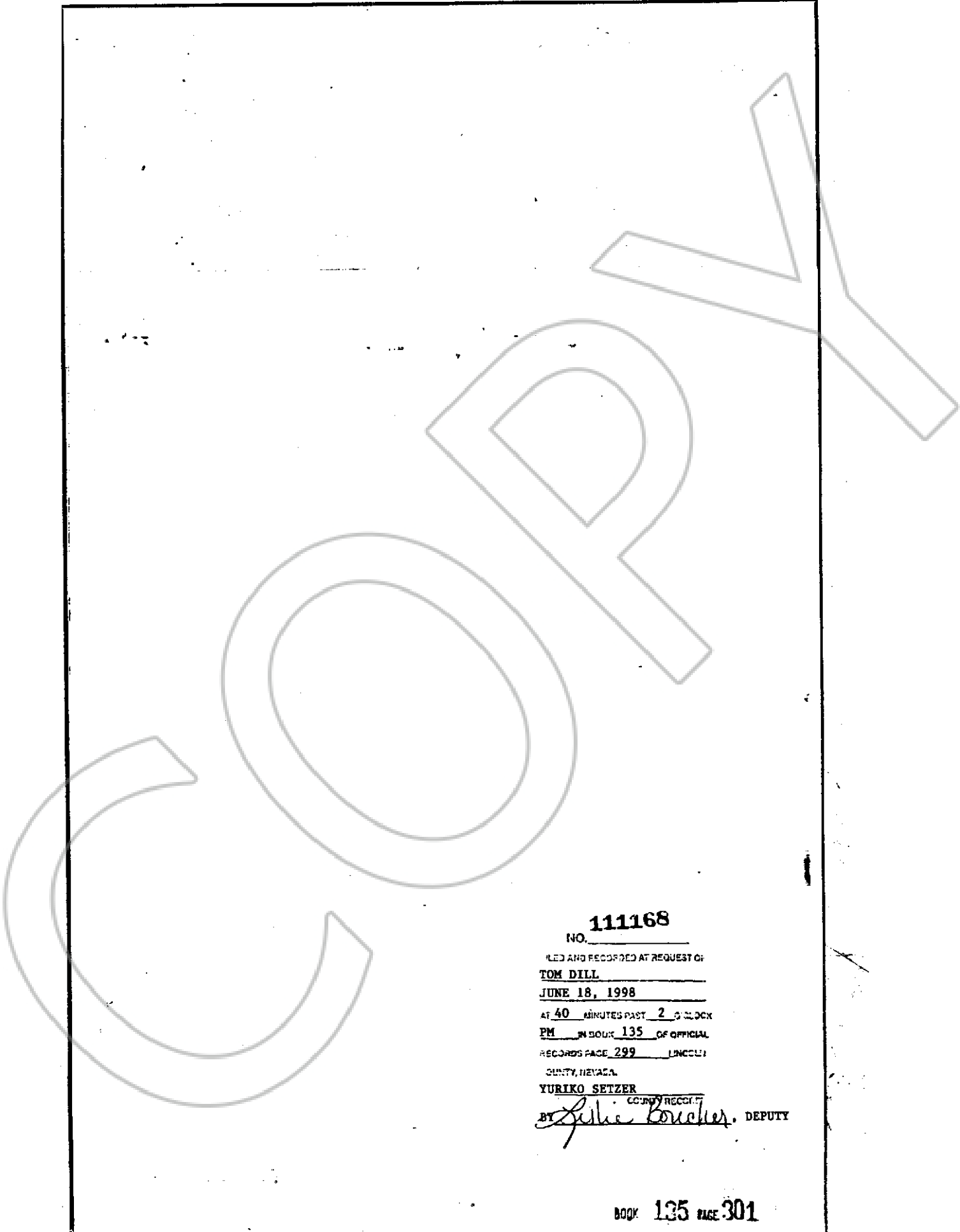
This is to certify that the above is a true and correct copy of the certificate on file in this office.

Sydney Sylvan

Date Issued: JUN 0 1 1988

800 State Registrar #300

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



111168

NO. _____

FILED AND RECORDED AT REQUEST OF

TOM DILL

JUNE 18, 1998

AT **40** MINUTES PAST **2** O'CLOCK

PM IN BOOK **135** OF OFFICIAL

RECORDS PAGE **299** LINCOLN

COUNTY, NEVADA.

YURIKO SETZER

BY *Julie Boucher* COUNTY RECORDER, DEPUTY